



STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

FEB 2 8 2019

NEW HAMI-SHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s)	Sarah	Mattson	Dustin	- NHLA
II. Name of lobbyist's partnership	, firm or corpora	tion, if any:		
New Hampsh (Name of partnershi	ire Lega p, firm or corporatio	l Assi	stance	
Business Address: (Street)	State S	t. Cond	cord, NH (State)	0330 (Zip Code)
() (<u>003-224-410'7</u> (Telephone)	_ () <u>603</u>	- 224-206 (Fax)	3 e-mail <u>5 m</u>	attsondustin@nhla
III. This statement covers: (Choos reportable expense transactions w				u may file a separate report for
☐ All reportable transactions occur	rring in the months	prior to the rep	orting date relative	to the following client:
(Full Name of Particular of Pa	f Client as it appears			wing firm listed below which are
unrelated to any particular client.	, loboyist (merdum	ig the loodyist s	ranniy), or the looe	ying inin isted octon which are
IV. Date of Report April 25, 2 Reports cover: activity from date of	018 🗌 Tregistration to 3/31	/18 activ	July 25, 2018 vity from 4/1/18 to 6/3	
October 31	_		January 30, 2019 vity from 10/1/18 to 1	X 2/31/18
V. There have been no fees rec If this box is checked, complete just Concord, NH 03301.				
VI. Check if additional reports ar	e attached:			
If you have received fees or ma				
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed exp	enses, you must	ifile Addendum B-	- Report of Honorariums or
-	y has made politica	l contributions,	you must file Adde	ndum C- Political Contributions
•				
Sworn Statement/Affirmation by 1 have read RSA 15, RSA 15-B, RS and complete to the best of my know	A 14-C and RSA 6	64 and hereby s	1	/ _
(Signature of lobbyist)			2/18/	(Date)
Sarah Mattson Du (Print Name of lobbyist)	stin			

L E ·S P R

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Sarah Mo	ûttson	Dustin	<u> </u>	HLA
II. Name of lobbyist's part	nership, firm or cor	poration,	if any:		
Ne	w Hampshire	Legal	Assis	tance	_
(Name of partn	ership, firm or corporation)	- J -			
III. Name of Client	N/A			Date _	
IV. Fees Received Indicate the gross amount of a to lobbying, including fees for including research, monitorin reduced by any expenses:	r services such as publi	ic advocacy	, governmen	t relations,	or public relations s
a) Total of all fees received in	this reporting period			a) \$	0
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).					0
c) Total of all fees received to (Add lines a and b)	o date		•	c) \$	0
d) Indicate the amount of any yet been paid	such fees that are due,	but have no	ot	d) \$	0
V. Expenses: Lobbyist(s)/Lobbying partners fees. Separate reports are to the lobbyist(s)/firm that are a Expenses are to be reported i during the reporting period fo individual expenses where the lunch where the cost was \$25 being lobbied, purchase of a c (c) an itemized statement of ea any purpose not covered by o ceremonial object to be given restaurant expenses for a leg contributions will be reported	be filed for expenditure unrelated to any one of in one of three categor or salaries, benefits, sue expenditure was of \$2.00 or less, purchase of eremonial object given ach individual expenditure (a) (for example: purch to the subject of lobbistative reception). Existence of the control of the subject of lobbistative reception).	es made rela- client a sep- pries of expe- pport staff, 25.00 or les a pen with to a persor- ure made du- nase of a maying with a expenses for	ative to each arate report inses: (a) the and office estimates (for example a value of less that the arate with value great sonorariums	client and is may be file aggregate expenses; (but the letter meals personal strains and strains personal personal strains personal strains and strain	f expenditures are med for the lobbyist(set total of all expense) the aggregate total urchased during a bid that is given to the alue of \$25.00 or less d of greater than \$25 er than \$25, purchased, but not greater than teimbursement, or p
a) Total aggregate expenses for support staff, and office expensesb) Total aggregate of expending	ses, related directly or	indirectly to	lobbying.	a) \$	971.13
in a), of \$25 or less.				b) \$	
c) Total of all itemized expen-	diturna ranartad in data	il in section	VI	c) \$	(')

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 971.13
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)s 7,651.40 f)s 8,622.53
f) Total of all expenses year to date	f)\$ 8,622,53
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
<u> </u>	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
·	\$
·	\$
· 	\$
	•
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
I (I) Ux	2/18/19
(Signature of lobbyist)	(Date)
Sarah Mattson Dustin - NHLA (Print Name of lobbyist)	